Complete if Known

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## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

STA	TEMENT E	BY A	PPLICANT	First Named Inventor	Yoshiki Kano 2184 Unassigned	
	•			Art Unit		
	(use as many she	eets as	necessary)	Examiner Name		
Sheet	1	of	1 .	Attorney Docket Number	16869B-084400US	

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		Document Number			
Examiner Initials*	Cite No.1	Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Application Number

Filing Date

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		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>6</sup> (# known)	Publication Date MM-DD-YYYY	Applicant of Cited Document	Passages or Relevant Figures Appear	T <sup>6</sup>
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Examiner Signature	Jul Set	Date Considered	3/30/66	